

NOTICE AND CERTIFICATION FROM RESIDENTIAL TENANT FINANCIAL HARDSHIP RELATED TO COVID-19

On March 10, 2020 the Governor declared a state of emergency related to the outbreak of COVID-19 in the Commonwealth of Massachusetts. A law signed by the Governor on April 20, 2020 (chapter 65 of the Acts of 2020) ensures that landlords cannot impose a late fee for non-payment of rent for a residential dwelling unit or begin eviction processes.

Additionally, landlords cannot provide rental payment data to a consumer reporting agency related to the non-payment of rent, if the tenant provides notice and documentation to the landlord that the non-payment of rent was due to a financial impact from COVID-19 within 30 days of the missed rent payment.

Please use this notice and certification form to inform to your landlord if you missed a rent payment due to a financial impact from COVID-19. If you are unable to download or obtain a hard copy of this form, you may send a letter or email containing the same level of detail as to your financial hardship. If you have questions about this form, please contact your local Housing Choice Education Center (HCECs). You can find your local HCEC here: <https://www.masshousinginfo.org/>.

Instructions for completing this form can be found here under “Forms, Instructions and Information for Tenants”: <https://www.mass.gov/lists/moratorium-on-evictions-and-foreclosures-forms-and-other-resources>.

THIS IS AN IMPORTANT DOCUMENT, PLEASE HAVE IT TRANSLATED.

Este es un aviso importante, por favor hágalo traducir.

Questa é una notizia molto importante. Per piacere falla tradurre.

这是个重要文件 · 请做好翻译。

Đây là tài liệu quan trọng, vui lòng biên dịch.

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Ito ay isang mahalagang dokumento, mangyaring ipasalin ito.

Es é un avizu importanti. Di favor, manda traduzil.

Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σπουδαιε Πληροφορεια – Παρακαλω να το μεταφρασετε.

C'est important. Veuillez faire traduire.

A. BACKGROUND INFORMATION

1. I am a tenant in a residential dwelling unit located at [insert address]:
_____.
2. There is a written lease for this unit: Yes No
3. The monthly rent is (*insert amount*): \$ _____.
4. Does more than one adult living in the household receive income to pay the rent?
Yes No
5. If yes, please enter the names of these adults:

6. I hereby give notice that the non-payment of rent due on (*insert date*) _____,
was due to a financial impact from COVID-19.

B. HOUSEHOLD INCOME PRIOR TO THE STATE OF EMERGENCY

1. The chart below, please list all jobs held by all adults in the household, either as an hourly wage earner or as a salaried employee, as of March 10, 2020.
(*Leave blank any columns that are not applicable; if any adult has more than one job, list information for each job on a separate line.*)

<u>Adult Name</u>	<u>Employer Name & Address</u>	<u>Monthly Income</u>

(If additional space is needed, attach an extra sheet of paper.)

2. The monthly income of all persons who resided in the household prior to March 10, 2020 came from the following sources:

(Include all sources of income including employment, unemployment payments, child support, any other money received from any source):

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
All other sources of income (e.g., child support, alimony, gifts)	
Total:	

(Note: Massachusetts law prohibits discrimination based on receipt of public assistance.)

C. CURRENT HOUSEHOLD INCOME

- The monthly income of all persons who resided in the household for the month before the rent due date (listed in section A.6 above) and came from the following sources:

(Include all sources of income including employment, unemployment payments, CARES Act payments, child support, any other money received from any source):

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
Federal CARES Act assistance	
All other sources of income (e.g., child support, alimony, gifts)	
Total:	

(Note: Massachusetts law prohibits discrimination based on receipt of public assistance.)

- The total household income for the month before the rent due date is: \$_____.
The total monthly household income before the state of emergency that began on March 10, 2020 was: \$_____.

D. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19

Since March 10, 2020, household expenses have increased by approximately \$_____ per month for the following COVID-19 related reasons (check all that apply):

- Extra costs because a child's school or day care has been closed under the state of emergency, including child care, food and other related costs.
- Extra costs because one or more household members are working extra hours to respond to the COVID-19 emergency, including child care or transportation.
- Extra medical costs related to COVID-19 that are not covered by insurance.
- Other: _____

E. OTHER FINANCIAL HARDSHIP

Since March 10, 2020, the household has suffered other financial hardship directly related to the COVID-19 public health emergency, as described below (*explain if applicable*):

Attach additional pages if necessary.

F. IMPACTS FROM COVID-19

The loss of income described above occurred because one or more of the adults in the household who contribute to the payment of rent (*check all that apply*):

- Showed symptoms of or tested positive for COVID-19, was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.
List name(s) of affected person(s):

- Was laid off or lost a job when his or her place of employment closed.
List name(s) of affected person(s):

- Worked fewer hours when his or her place of employment either closed or reduced worker hours due to the state of emergency.
List name(s) of affected person(s):

- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.
List name(s) of affected person(s):

- Had to leave job because schools were closed and had no childcare.
List name(s) of affected person(s):

- Experienced some other impact from COVID-19.
Describe impact and list name(s) of affected person(s):

G. CERTIFICATION OF FINANCIAL HARDSHIP

The undersigned hereby certify and attest that:

- (1) Total household income, for the month before the rent due date (from section A part 6) was less than three (3) times my monthly rent.
- (2) Because of the loss of income and/or increase in expense described above, the household cannot pay the rent due and have enough money left to pay for food, medical and related expenses, health insurance premiums, utilities, child care, and job-related transportation expenses.
- (3) The non-payment of rent due on the rent due date was due to a financial impact from COVID-19 as described in section F.
- (4) The household has paid partial rent to the extent it can in light of the financial hardship(s) noted above.
- (5) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

(If you sign this form, all of the above statements must be true.)

H. SIGNATURES

All adults who receive income in the household should sign this form.

PLEASE NOTE THAT THIS FORM DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY RENT. YOU STILL OWE ALL UNPAID RENT TO THE LANDLORD AND WILL NEED TO WORK OUT AN ARRANGEMENT FOR PAYMENT.

**SIGNATURE OF THE PRIMARY INCOME RECIPIENT
IN THE HOUSEHOLD**

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ _____
Signature
Printed name: _____
Date: _____

ADDITIONAL SIGNATURES

(Include signatures of all adults who receive income in the household.)

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ _____
Signature
Printed name: _____
Date: _____

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ _____
Signature
Printed name: _____
Date: _____

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ _____
Signature
Printed name: _____
Date: _____

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Printed name: _____
Date: _____

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/s/ _____
Signature
Printed name: _____
Date: _____